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ABSTRACT

This literature review explores societal attitudes about older individuals and the influence of these attitudes on the self-esteem of older persons. These topics are examined: identification of common stereotypes and myths about older persons; media depiction of older persons; influence of stereotypical images on older persons' self-perceptions; adverse effects due to lowered self-esteem; and counseling interventions for counteracting adverse effects of stereotyping. These conclusions are presented: (1) society's attitude toward older persons is unfavorable; (2) various forms of mass media serve to transmit and perpetuate the negative images of older persons; (3) not all older persons allow stereotypes to adversely influence them, although some individuals are more vulnerable and do experience decreased self-esteem; (4) older persons who develop a lowered self-esteem are at risk for developing depression, alcoholism, loss of control, and a sense of helplessness; and (5) persons suffering from these adverse effects can be helped with counseling interventions. It is recommended that counselors become aware of aging stereotypes and that practitioners should determine how prevailing images of older persons have affected their attitudes. References are included. (ABL)

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Aged Stereotypes and Their Effects on Older Persons' Self-Esteem

A Seminar Paper Presented to the
Faculty of the College of Education
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In Partial Fulfillment
of the Requirements for the Degree
Master of Education

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Jodie L. Beaver

July, 1991

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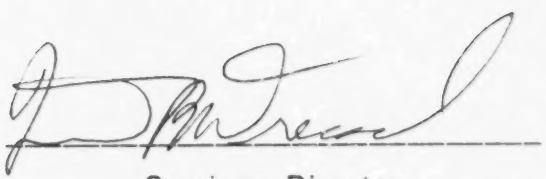

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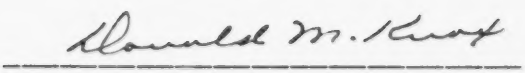

Director,
School of Applied Behavioral Sciences
and Educational Leadership

I would like to dedicate this work to my husband, John, and my family— without whose love and support, I would have never completed this study.

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CHAPTER ONE

Introduction

As Shakespeare wrote in As You Like It:

> All the world's a stage/And all the men and women merely players:/They have their exits and their entrances;/And one man in his time plays many parts,/His acts being seven ages./. . .The sixth age shifts into the lean and slippered pantaloon,/With spectacles on nose and pouch on side,/His youthful hose, well saved, a world too wide/For his shrunk shank; and his big manly voice,/Turning again toward childish treble, pipes/And whistles in his sound. Last of all,/That ends this strange eventful history;/is second childishness and mere oblivion,/Sans teeth, sans eyes, sans taste, sans everything.
>
> (II. vii.)

The elderly population is the fastest growing population in the United States. The life expectancy for individuals in the United States has increased and it is likely that men will live to 72 years of age, while women typically reach 78 years (Ferrini & Ferrini, 1989). The results of the 1980 census indicated that 25.5 million people who are above the age of 65 reside in the United States. This group constitutes 11.3 % of the United States population (Weiner, Brok, & Snadowski, 1987). Furthermore, it is estimated that by the year 2000, the 65+ population will have increased to 30.6 million and by 2040 this population will include 50.3 million individuals (Weiner et al., 1987).

These statistics, plus bleak attitudes concerning aging, such as those illustrated in the quote by Shakespeare, present a potentially impending dilemma for the United States culture. Stereotypes of aging are continuously perpetuated and transmitted by the American media to impressionable audiences, resulting in the older population being devalued. Unfortunately, since aging is an inevitable fact of life, the incorporation of ageist attitudes into one's belief system may create psychological difficulties for many individuals, as they themselves continue to age. Older Individuals who, earlier in their lives, adopted stereotypical beliefs about elderly individuals may find themselves struggling to maintain their self-esteem. In their opinion, they have become something which they believe has a minimal worth in the American society, which reveres youthfulness and fitness (Gove, Ortega, & Style, 1989,). This development low self-esteem can make adjustment to aging difficult for a great number of individuals (Taft, 1985).

Statement of the Problem

The aim of this paper is to determine if societal stereotypes of elderly individuals adversely affect their self-esteem and if counseling interventions are beneficial.

Research Questions

1. What are the common stereotypes and myths about individuals aged 65+?

2. How do media such as television and literature portray older individuals?

3. Do stereotypes presented of older persons influence individuals' perceptions of themselves as they age?

4. What potential adverse effects are attributable to lowered self-esteem?

5. What counseling interventions can a therapist employ in treatment to help elderly individuals who are experiencing adverse effects that may be fostered by stereotyping?

Purpose of This Study

The purpose of this study is to examine society's attitudes toward elderly individuals and the influence of these attitudes on the self-esteem of the older person. An investigation of this topic is necessary to determine how influential societal stereotypes truly are on an aging individual's self-esteem. In response to any potential adverse effects of stereotypes, therapists can implement treatment strategies to assist the older individual in adjusting to his advancing age .

Assumptions

It is assumed that a review of the available literature may reveal a consensus of professionals' opinions, regarding the influence of stereotypes on elder's self-esteem.

Delimitations

This paper only includes sources which were available from Alden Library on the Ohio University campus. The articles cited in this paper are limited to the population of individuals who are at least 65 years of age, unless otherwise noted.

Limitations

Several pertinent articles could not be located in the Alden Library. Due to the lengthy waiting-period involved with Interlibrary Loan, these articles could not be obtained.

Definition of Terms

The following section consists of the definitions of pertinent terminology which is utilized throughout this paper.

Ageism

Butler (1978) defined ageism as a process in which older individuals are stereotyped and discriminated against because of their age (cited in Sorgman & Sorensen, 1984). Gatz and Pearson (1988) reported that ageism results in "social avoidance and segregation, hostile humor, discriminatory practice and policies, and a conviction that elderly individuals are a drain on society" (p. 184). It can be said that ageist beliefs illustrate a "revulsion against growing old and becoming diseased or disabled" (Sargent, 1980, p. 3). Not only do younger individuals display ageist beliefs but older individuals also exhibit similar unfavorable attitudes toward their peers (Hesse, Campion, & Karamouz, 1984; Edinberg, 1985).

Assertiveness Training

A form of behavior therapy in which individuals are taught to more effectively express positive and negative feelings. This training strives to teach individuals how to have equitable and respectful interactions with other individuals. This goal is attained through the employment of role-playing, modeling, feedback and reinforcement (Wheeler, 1980).

Elderly individual

This term will be utilized to refer to persons aged 65 and older. In addition, the terms "older individual" and "aged person" will also be used interchangeably, throughout this study.

Learned Helplessness

Learned helplessness is a condition that results when an individual concludes that their efforts and behavior have no effect on their life's circumstances.

Life Review Therapy

This process is a therapeutic utilization of an individual's reminiscence of their life to "resolve current conflicts, old conflicts and preoccupations. . .marshal unrealized strengths to cope with life cycle issues and integration of the totality of his or her life" (Edinberg, 1985, p. 160).

Peer Counseling

Peer counseling is a form of therapy in which individuals are "counseled" by persons in their cohort group. Peer counselors are trained to function in this capacity and can be useful in overcoming resistance to therapy (Bratter & Tuvman, 1980).

Self-esteem

Self-esteem is the negative and positive worth which an individual attributes to oneself.

Stereotypes

Stereotypes are broad categories which are utilized to simplify the complexity of things encountered in life. The usage of stereotypes results in a categorizing of things, which is difficult to abandon even when presented with contradictory information.

Procedure

References for this paper were compiled from a variety of sources. As an initial starting point, the ALICE computer system at

the Ohio Univerisity library was consulted for possible books. Search words such as "Aged", "Aged-Counseling of", "Aged-Mental Health", "Aged-Social Conditions", "Counseling", and "Stereotypes" were investigated. Secondly, ERIC was utilized. On this system, combinations of "older adults", "stereotypes", and "self-concept" and other various headings were employed.

As a third potential resource for references, the PsychLit CD-ROM system was explored. Descriptors which were beneficial were combinations of the following: "counseling", "aged", "aged (attitudes toward)", "Aging -attitudes toward","stereotyped attitudes", "self-concept", "self-esteem", and "psychotherapeutic techniques". Also subject headings such as "assertiveness training", "peer counseling", "coping behavior", "emotional adjustment", "ageism", "depression", "alcoholism", "learned helplessnes" revealed abundant sources.

In addition to searching these computerized systems, other sources were gleaned. When articles suggested by the computer searches were obtained, the reference sections of these articles were reviewed for other possible related articles. This proved to be a quite beneficial manner of "branching out" from a few articles to many. Secondly, magazines related to gerontology or counseling, such as The Gerontologist and the Journal of Mental Health Counseling, were perused for pertinent articles. This method also revealed several articles which had previously been overlooked.

Organization of the Study

This paper is organized into a four chapter format. The first chapter is crucial for introducing and identifying the scope of the research problem. The second chapter is the presentation of the

available sources which contain information regarding the aforementioned research questions. The third chapter is comprised of an analysis of the literature found in Chapter Two. Chapter Four is the chapter that contains the summary, conlusions, and recommendations which have been drawn from the presented literature

CHAPTER TWO

Review of the Literature

The following chapter consists of a review of the available literature, which addresses the impact of stereotyping on elderly persons. The presented material is organized according to the aforementioned research questions. This chapter is limited to objective "reporting" of the findings. Chapter Three, however, is devoted to an analysis and commentary regarding the introduced literature.

Common Stereotypes and Myths of Older Persons

Fielding (1984) reported six myths and stereotypes of aged persons in his article. The first myth is that of serenity. The serenity myth illustrates the belief that older individuals have reached a period of peace and tranquility in their lives. Old age is a time to enjoy the benefits of previously working diligently. The second myth is becoming old means being sick. The third stereotype which Fielding observed is that of older persons experiencing intellectual decline. Individuals often believe that as a person ages they are less capable of thinking clearly and accurately. The myth of unproductivity is the next stereotype introduced. Fielding indicated that many persons expect that aged individuals are not able to contribute anything to the American society. The fifth stereotype reflects the opinion that older persons are asexual beings. The final myth discussed in this article is that of senility. According to this belief, older individuals become confused and disoriented as a part of the normal aging process.

Arluke and Levine (1984) stated that many stereotypes of elderly individuals imply that they have regressed with age and entered a "second childhood". These "second childhood" images are discernible in six forms. The first form involves attributing the personality and moods of children to older persons. The second method in which this stereotype is perpetuated is through giving older individuals the dress and appearance of children, such as in greeting card illustrations. Giving older adult parties which are similar to children's parties is another manner of expressing the "second childhood" belief. An example of this would be Christmas parties in nursing homes which have a person playing "Santa" and distributing gifts. Older individuals are also encouraged to pursue activities of children. Arluke and Levine stated that this is epitomized by a children's menu which has a picture of an older person and a child. This menu includes a statement which reads "For all kids under 10 and over 65" (p. 10). The final form of the second childhood stereotype which Arluke and Levine identified is giving older persons playthings of children. This is evident when elderly are given dolls or stuffed animals to serve as companions.

Edinberg (1985) presented the following stereotypes commonly identified with older persons. The first is that of unproductivity. The second image is of senility which "implies that confusion and loss of mental facilities is inevitable in old age, cannot be helped, and leads to death" (p. 3). Sexlessness is another stereotype presented in Edinberg's book. He reported that "any sexual interest by the elderly is abnormal-or at best humorous" (p. 4). Rigidity, the fourth stereotype, expresses the belief that older individuals are set

in their behavior and are unable to change. The final stereotype presented by Edinberg is that of emotional fragility. Emotional fragility includes stereotypes of aged individuals such as they are passive, unhappy, easily upset and chronic complainers.

Ferrini and Ferrini (1989) presented eight ageist attitudes in their text. The first attitude identified was that after aged 65 life declines for individuals. Secondly, older people are all alike is a belief prevalent in the American society. The opinion that older people are lonely and ignored by their families is noted by Ferrini and Ferrini. The fourth attitude was senility. The fifth belief observed is that elderly individuals have the "good life". This attitude suggests that older persons now have time to travel and rest. Next, Ferrini and Ferrini reported the attitude that most older individuals are sickly. The belief that older individuals have no sexual interest or ability is expressed by Ferrini and Ferrini's findings. Finally, it is a common opinion that most elderly persons eventually reside in nursing homes.

Media Portrayals of Elderly Persons

Richman (1977) described results of a study by Palmore (1971) which investigated portrayals of elderly individuals in jokes. According to Palmore, over one quarter of the jokes examined were positive. The majority, however, displayed unfavorable views of older persons. Richman then described replicating Palmore's study. Richman also discovered that jokes concerning older persons expressed "more critical and hostile attitudes toward the next older generation in general" (p. 218).

Davies (1977) also examined the images presented of elderly persons in jokes. As an introduction, he stated that humor is one method of expressing values and feelings, which may be unacceptable, in an acceptable manner. Two things which Davies explored were (1) if negative or positive attitudes were found in jokes and (2) if the gender of the older person portrayed made a difference. Davies studied 363 jokes that were related to the aging process. Of these jokes, the majority of them expressed unfavorable attitudes toward "sexual, physical, social, and, to a lesser degree, mental changes of aging" (p. 224). In regards to gender, most jokes dealt with older men. When positive images were transmitted, it was often when alluding to older men's sexual activity. When elderly women were the focus of the jokes, they were portrayed as old, unmarried women.

Sohngen and Smith (1978) approached their article from the "assumption that exposure to the broadening influence of a liberal education could help to counteract the stereotypes" (p. 181) of elderly individuals. However, they believed that a liberal education might only result in an increased exposure to poetry, which may adversely affect the readers' opinions of elderly persons.

The authors consulted Granger's Index of Poetry and chose 127 poems that dealt with aging. They compared the poems based on either internal frames of references or external, objective views of aging. The authors concluded that, for the most part, negative attitudes towards the aged were expressed--regardless of the viewpoint. In order to determine what impression the reviewed poems would impose on a reader, Sohngen and Smith developed a

composite of expressed images. The physical composite included such descriptors as "ancient skull," "wasting skin," "withered," and "stooping age" (p. 182). In addition, losses of sexual ability, emotional and social losses were examined.

The authors further discovered that the poems expressed the belief that "loss of employment. . .independence . . .and usefulness. . .causes the older person to lose hope. . . become a burden. . .or the object of neglect. . ." (p. 182). Emotionally, older individuals were depicted as being poor, easily irritated and as having a decreased sense of humor. Despite the plethora of unfavorable images, a few positive depictions were expressed such as wisdom, memories, patience, family relationships, honesty, and faith. The authors concluded that the negative images portrayed in poetry correspond with stereotypes believed by the American society.

In his article, Kubey (1980) observed that television is an extremely influential media form. Thus, television is likely to influence viewers' conceptions of the aging process. This author reported the finding that aged individuals are underrepresented in television programming. In particular, women are the most underrepresented. This finding is ironic because older women far outnumber older men. When elderly individuals are portrayed, they are usually delegated to supporting roles. It was discovered that few older adults are depicted in children's programs. Game shows have been known to place older individuals at the rear of the audience "so that when the camera pans, only young, energetic faces are seen" (pp. 21-22).

In regards to the quality of the older image presented, it too is negative. One-third of aged characters viewed were deemed unfriendly and socially rejected. Kubey expressed surprise when he wrote that 93% of older characters were rated "active" and 82% were viewed as being in good health. Kubey then continued to describe the findings of a study by Harris and Feinberg .

Harris and Feinberg (1977) explored the portrayal of elderly individuals and how they differed based on the type of television show. News and talk shows included a high percentage of intelligent, older persons, this was explained by the inclusion of politicians and experts who were older. They also reported that as a man ages he is considered to have more authority. Such an increase in authority occurs for women between the sixth and seventh decade of life.

Scripted television characters were considered one dimensional and may incorporate a "reverse stereotype". Reverse stereotypes show elderly individuals to be extraordinarily active. They state that this does "more harm than good because the viewer understands that such images of the elderly are meant as jokes and the true negative stereotype is thereby reinforced" (p. 22). Less that 50% of the older characters were displayed as being happy and successful. Older individuals on television shows are more likely to belong to the upper class.

Older males are often portrayed as the villain in television shows. When these characters are in potential danger, an interesting pattern emerged. These aged villains were more likely

to be killed than to only be harmed during the story line. Harris and Feinberg wrote that this is another indication of the elderly's powerlessness.

In their article Hiemstra, Goodman, Midlemiss, Vosco, and Ziegler (1983) reported that elderly individuals are most often portrayed in an unfavorable manner. They are depicted as being old-fashioned and are often the target of change for a younger person. They are shown as being less healthy and as requiring the use of "age retarding products" (Francer, 1973 as cited in Hiemstra, et al. 1983, p. 113). The authors of this article also cited findings of a 1977 study done by Harris and Feinberg.

Harris and Feinberg examined 80 commercials with 198 characters. Of the characters presented, they counted how many were older adults. Clothing advertisements depicted no persons over the age of 40. Appliance commercials utilized one man over 60 years of age. No individuals above 60 were witnessed in automobile commercials. Personal care and cosmetic product advertisements showed only one character that was over 40. Finally, three persons over the age of 60 were found in commercials for food. Clearly, elderly persons are underrepresented in television programming and when they shown they are in domestic roles.

Fillmer (1984) reported the findings of Stoney's (1970) study of children's literature. Stoney asked fifth grade students to review books which presented elderly characters. Upon completion, the children were asked what impression they received about older

persons. The subjects responded that the characters were unhappy, crabby, did not have fun, and were treated as though they were not mentally competent.

In addition, Stoney did a study in 1977 which also examined unfavorable stereotypes present in children's literature. The findings of this study indicated that older persons are inactive and engage in activities such as housework, storytelling, and fishing. Secondly, adjectives that were utilized to describe older persons had negative connotations. Some examples of adjectives used in the reviewed texts were "crabby,", "wrinkled," and "babbling," (p. 100). The third finding of Stoney was that "white hair and bent-over bodies" (p. 100) were believed to exemplify the physical appearance of older persons.

Fillmer (1984) also addressed how elderly individuals are depicted on television. Of 2,741 characters which were viewed over a two year time period, less than 5% of the characters were older persons. When the aged persons were mostly likely to be portrayed was in advertisements for health products such as vitamins, denture adhesives, laxatives or wrinkle-removing creams.

Davis (1984) began his article by stating that the world presented on television does not correspond with reality. Although the characters are not intended to be accurate representations of actual persons, Davis noted that the values and attitudes of the American society could likely be illustrated by what is exhibited on television. In regards to older adults, this means a general underrepresentation and delegation to minor roles. Davis also reported that male elderly individuals comprise 90% of the older

persons depicted, despite the fact that, in reality, aged men are greatly outnumbered by older women.

Davis (1984) cited the findings of Gerbner. Gerbner wrote that older characters are depicted as being "more comical, stubborn, eccentric, or foolish than other characters, and are more likely to be portrayed with disrespect" (Gebner as cited by Davis, p. 15). In addition, Gerbner stated that older characters are more often shown as victims, instead of victors. Davis also wrote that daytime television is an exception for the portrayal of older women. During daytime programming, older women are portrayed more positively. They have status, are wise and are often the family matriarch, and are much more attractive than their counterparts depicted on nighttime television.

Davis (1984) also compared a variety of types of programming. According to his findings, scripted dramas portray a reverse stereotype in which the older person does the unusual, and is healthy and productive. Public affairs shows typically depict older persons as being afflicted with many impairments; such messages serve as an "audiovisual handwringing [which] is a popular approach to documentaries about the elderly" (p. 16). Children's shows hardly contain any elderly characters, which Davis noted as indicating that older persons do "not have enough social value to be included in a cartoon" (p. 16). Advertisements utilize older persons to sell health products and to be advise-givers. On news broadcasts, anchormen are frequently employed into their 60's. However, Davis remarks that "co-anchorwomen had better stay in their 30's" (p. 16).

Davis (1984) addressed the issue of stereotypes on television. He wrote that when characters are created, stereotypes are utilized. This is due to the fact that stereotypes serve as a "convenient shorthand which allows for condensation of information into certain essentials" (p. 16). Thus, by creating a stereotyped character, the audience will infer certain predetermined qualities about that character. This phenomena eliminates the need for the television show to take time to develop the character more fully.

Influence of Stereotypes on Self-Perceptions by Older Individuals

Brink (1979) observed that the negative images of older persons that are perpetuated in the American society are learned by younger individuals. As they age, the attitudes which they previously learned result in a negative self-esteem. However, Brink commented that elders "tend to be resistant to incorporating socially held images of old age into their own individual self-concepts" (p. 30). The threat that arises is that many persons are "conditioned to accept lower levels of activity, achievement, importance, and interaction as inevitable" (pp. 30-31).

Rodin and Langer (1980) tested their assumption that if older individuals believe the cultural expectations implied by stereotypes then they will suffer a decrease in self-esteem. As a result of this occurrence authors further hypothesized that the older individual would experience a lowered confidence in their ability to control their environment. The following is an adaptation of their diagram that illustrates this process:

Labeling (Stereotypes)—> Stigmatization —> Other's Perceptions & Self-Perceptions —> Lowered Self-Esteem —> Age-Stereotyped Behavior and Loss of Control (p. 14).

They stated that "the extent that a particular stereotype is actually believed" (p. 15) influences the degree to which an individual may alter his self-perceptions.

Atchley (1982) stated in his article that negative images of older persons are expressed by a variety of sources. He wrote, however, that what is important is what the individual does with the message that is transmitted. He cited George and Bearon (1980) as having found that most older persons do not have negative self-images but rather experience increase self-esteem with age.

This finding can be explained by most persons having coping skills which defend their self-esteem. Older people with adequate coping mechanisms can be exposed to ageist attitudes and even have such beliefs assimilated into their belief system. The important thing for such persons is that while believing stereotypes, they do not attribute such ideas to themselves. The usage of "relative appreciation" also helps maintain a positive self-esteem. This concept refers to an individual finding positive attributes about their situation.

Atchley (1982) identified several factors which could result in a lowered self-esteem in later life. First, a loss of physical capacity to affect self-esteem. Secondly, some individuals who have an adequate self-esteem may be more vulnerable to adverse consequences of aging. Finally, an individual may suffer a loss of self-esteem due to feeling a loss of control over their environment.

Edinberg (1985) reported in his text that unfavorable stereotypes of older persons affects how they view themselves and their peers. The attitudes which are reinforced by stereotypes serve as barriers to effective problem solving, a positive self-esteem, and taking responsibility for one's life. Edinberg cited Kuypers and Bengston (1973) as observing that "if an individual accepts a negative label as the basis of his or her identity, he or she will become dependent. . .accepting the negative label means the person is self-defined as inadequate, which allows the cycle to repeat itself" (p. 12).

Taft (1985) addressed the issue of how stereotypes influence elders' self-esteem. Her results suggested that self-esteem is vulnerable to the negative labels. Lowered self-esteem may also result in the older individual experiencing a sense of having little ability to have control the environment.

Possible Adverse Consequences Related to Decreased Self-Esteem

In their 1977 article, Reid, Haas, and Hawkings suggested that older individuals may develop a decreased belief in their ability to control pertinent matters. As a direct result, they may experience difficulties adjusting to situations as they arise. The authors also stated that their research indicated a higher correlation between a low sense of control and poor adjustment in males, than females. They hypothesized that this finding could be explained by "somehow having a sense of control is more relevant to a man's adjustment" (p. 450).

Stenback (1980) wrote that in a culture where youth is exalted, old age is undesirable and can unfavorably alter one's self-esteem. When this occurs, the older individual is vulnerable to developing feelings of inferiority. These beliefs of inferiority may result in depression or alcoholism. Both of these manifestations can, in the worst scenario, precipitate suicidal ideations and behaviors.

Wheeler (1980) wrote of several occurrences which can develop as an individual ages. First, older persons can be socialized, by stereotypes and other individuals, to become passive. When this learning takes place, the older individual may withhold resentments which accumulate and are inappropriately expressed at a later time. Also, Schwartz (1977) was cited as stating that middle-aged individuals may treat elderly persons "as if they were entering a second childhood. . .[resulting in] a self-fulfilling prophecy" (p. 16). Wheeler (1980) also noted that a sense of helplessness can occur as the individual is socialized to his new role in society.

In the article "Depression As the Search for the Lost Self", Weiner and White (1982) also addressed the correlation between lowered self-esteem and depression. They suggested that some older individuals are not adequately prepared to cope with losses (i.e. status, objects, persons, etc.) inherent in the aging process. Thus, "loss is unexpectedly and painfully felt, depression covering the wasteland of despair" (p. 293).

Learned helplessness is the focus of a 1982 article by Priddy, Teitelman, Kivlighan, and Fuhrmann. A definition of learned helplessness by Seligman, Abramson, and Teasdale (1978) is cited by Priddy, et al. . Learned helplessness is described as a situation that

occurs when persons are "repeatedly exposed to consequences perceived to be beyond control. . .eventually learn not to respond. . .[because] the results will remain the same" (p. 208). Thus, a diminished self-esteem could result in a lack of assertiveness in one's life.

Lyons (1983) discussed losses, such as a loss of self-worth, as factors which may foster feelings of hopelessness. Lyons cited Beck (1976) as stating that hopelessness which is believed to reflect a personal deficiency is especially damaging. Lyons (1984) indicated that older individuals are encouraged to accept their situations passively and to not try exploring new roles. These issues that Lyons identified can be components of explaining depression and suicide in older adults.

Kelly and Remley (1987) indicated that alcoholism may occur due to a lowered self-esteem in an older person. The authors referred to the work of Schuckit (1977), Brown (1982), and Myers, Murphey, and Riker (1981). These earlier researchers indicated that stresses of the aging process "which include a loss of status [and] the feeling of being useless" (p. 108) are influential in the development of elderly alcohol abuse. Kelly and Remley (1987) suggested that alcohol can be used to reduce emotional pain, experienced due to a variety of factors. Thus, alcohol may serve to hide any unhappiness that the older individual is feeling. The usage of alcohol may cause the person to react more boldly than they might otherwise. This results in fostering the impression that they are unable to cope with problems without alcohol.

Leszcz (1990) identified several adverse factors which could occur in response to aging. Many older individuals are unable to "negotiate the narcissistic losses aging brings. . .[which] may result in an impoverished sense of self" (p. 381). When this occurs the elderly person may experience "feelings of depletion, worthlessness, depression, and helplessness" (p. 381).

Counseling Interventions to Counteract Adverse Consequences Related to Decreased Self-Esteem

Depression and Suicide

Stenback (1980) suggested several modalities of therapy which could be beneficial for older, depressed individuals. First, brief therapy was indicated as being useful for reducing "bitterness, low self-esteem and feelings of hopelessness" (p. 637). Depressed individuals may be encouraged to join community groups as a means of "therapy". Life-review therapy is often utilized to assist in minimizing depression in older persons. Finally cognitive therapy was identified as another method of coping with depression.

Through cognitive interventions, the thoughts which reinforce depression are identified and addressed. Stenback stated that cognitive therapy allows the restoration of "the internal balance in aged persons, who very often are faced with situations which can be changed in the way they are perceived but not in reality" (p. 637).

Stenback (1980) also identified treatment issues for suicide in the elderly. Essentially, treatment for suicide is the same as for depression. However, Stenback (1980) indicated that counselors need to "search for suicidal ideation and explicitly discuss the nature of suicide and its consequences" (p. 645). This author also

stated that suicide treatment for elderly persons should primarily be utilized in "hospitals, out-patient clinics, social welfare agencies, and other places where the aged seek help for their diverse needs, rather than in community suicide services" (p. 646). This is due to the fact that many high-risk elderly do not come to the attention of suicide services.

Steuer and Hammen (1983), suggested cognitive-behavioral group interventions to help alleviate depression for three reasons. The first reasons is that cognitive-behavioral groups focus on current issues and on building skills. Secondly, this modality is effective in counteracting "inactivity, social withdrawal, and apathy that may be prevalent symptoms of depression" (p. 286). Finally, cognitive techniques are beneficial for challenging negative stereotypes that foster poor self-esteem and a sense of hopelessness.

The article by Richter, Barsky and Hupp (1983) was written from a medical perspective. These authors indicated that as physicians they do some general counseling for depression. For the most part, though, they utilize tricyclic antidepressants. They wrote that with older persons, this medication must be given at a lower dosage. Overall, older persons respond well to the medication, but not as well as younger individuals. Richter et al. suggested that this finding was due to the lower dosage prescribed. However, they have discovered that 20% of their older, depressed patients have experienced side-effects severe enough to change the type of treatment. Thus, for some older persons, drug therapy may not be beneficial.

Waller and Griffin (1984) endorsed group therapy for depressed, elderly persons. They referred to research by Mayadas and Hink (1974) who indicated that groups can foster communication and independence, increase feelings of self-worth, and improve their problem solving skills. Waller and Griffin (1984) also indicated three benefits of group therapy. Utilizing a group aliows more persons to be helped at one time, the group members can learn from one another, and they can practice their social skills.

The majority of Waller and Griffin's (1984) article was devoted to addressing a group project, with which they were involved. The results of working on this project indicated that several themes emerged. These themes were "handling stress, coping with frustration, adjusting to retirement, and fighting loneliness. A common thread—insecurity as the cause of depression—. . .[was] woven through the group dialogues" (p. 310). At the time their article was published, the groups appeared to be successful in reducing depression and meaningful for those older individuals involved.

A 1985 article by Griffin and Waller also focused on the benefits of group therapy for depressed older adults. Initially, they cited other authors who identified positive consequences of utilizing groups, as opposed to individual therapy. Butler (1975) and Busse and Pfeiffer (1977) indicated three advantages of group therapy. First, they were time efficient for the professional. Secondly, they allow for an exchange of learning between group members. Finally, groups provide a sense of membership and belonging for the participants.

Kaul and Bednar (1978) are referred to as suggesting four benefits of groups. First, group members learn as they participate "in the development and evaluation of a social microcosm" (p. 262). Groups provide an environment in which members can give and receive feedback. The participants have a dual role and serve as both helper and helpee. Finally, the members "learn by the consensual validation of multiple perspectives" (p. 263).

Griffin and Waller (1985) identified some issues pertinent to group formation and growth. Initially, group members will be hesitant to disclose information. Thus, the group leader will need to assume a more active role in the group. As the members become more trusting of one another, they will begin disclosing more and be more supportive of others. Griffin and Waller wrote that once the older person realizes they are not alone, they will "grow. . .knowing that someone cares, that others have similar problems, and that therapists and groups members listen" (266).

Alcoholism

One method of alcohol treatment is drug therapy. This type of therapy typically involves the use of a drug such as Disulfiram or Antabuse which elicits an adverse psychophysiological reaction to the consumption of alcohol (Mishara & Kastenbaum, 1980). The employment of this intervention with elderly individuals is an area of disagreement among authors. Mishara and Kastenbaum (1980) cited Schuckit (1977) as stating that medical problems would limit the use of drug therapy and should be used with caution.

Kelly and Remley (1987) addressed treatment of older alcoholics, whom constitute 2%-10% of the aged population. Older alcoholics should have a complete physical examination by a physician to determine the need for medical interventions to improve the older adult's life. Kelly and Remley cited Butler and Lewis's (1977) components of treatment: "detoxification, individually prescribed medication to alleviate anxiety and repair organ damage, vitamin supplements, nutritious meals and rest" (p. 109).

Whether or not abstinence is an appropriate goal was then addressed by Kelly and Remley (1987). They interviewed six professionals, who indicated that abstinence should be the goal of treatment. However, three of the interviewees suggested that older persons who refuse the goal of abstinence may benefit from a goal of controlled drinking. Thus, the client and counselor need to settle on a mutually acceptable goal.

Support groups and family therapy are recommended as treatment modalities for older problem drinkers. Kelly and Remley (1987) stated that family therapy can assist in fostering social relationships, increasing self-esteem, building trust between family members, and developing independence. Alcoholics Anonymous is also cited as a powerful therapeutic tool.

Kelly and Remley (1987) cited Williams's (1984) finding that older alcoholics are more likely to benefit from groups that are offered through "a senior citizens' center, a nutritional site for senior citizens, or other settings where elderly people gather" (p.

110). Williams wrote that therapy at these places "prevented the stigma of entering an alcohol treatment facility" (p. 110). Furthermore, such settings are able to provide a wide range of services, reduce isolation, and encourage participation in recreational and social activities.

Ruyle (1987) identified socialization, life-review, and abstinence as three functions and goals of groups. Group sessions for older persons provide an opportunity to interact with peers, commiserate, and exchange advice. However, superficial socializing may take place, which hinders therapeutic interactions. When this occurs, the group leader should bring this occurrence to the attention of the group.

Life review benefits both the individual and the group. For the individual, Ruyle (1987) wrote that life review is a method of reexamining unresolved, past conflicts in an attempt to reintegrate them. Also, this technique can allow the individual to reassess their life. Life review benefits the group because it "usually increases group cohesion through the expression and recognition of common experiences and feelings" (Lowy, 1983 as cited in Ruyle, 1987, p. 87).

Finally, Ruyle (1987) discussed the goal of abstinence. She stated that despite the fact that group leaders encouraged abstinence, group members do not have to be abstinent to participate. As long as the individual is working toward the goal of abstinence they are accepted. The group process included the development of a contract which incorporates abstinence as well as other group norms such as regular attendance, etc.

Curtis, Geller, Stokes, Levine, and Moore (1989) noted several findings in regard to older alcoholics. The authors discovered that when older persons are diagnosed as being alcoholics, they are unlikely to have treatment suggested. When treatment is recommended it is even more improbable that it will actually occur. This is unfortunate because older persons are "more likely to remain in treatment and maintain sobriety for longer periods than their younger counterparts" (p. 315). When these older problem drinkers are treated in same age groups they have a higher rate of success than in mixed age treatment groups.

Blake (1990) identified several issues regarding the treatment of older alcoholics. He cited Zimberg (1978) as suggesting that "alcohol treatment programs are *not* the most appropriate places to refer older persons with alcohol problems" (p. 359). This finding is explained by resistance to therapy by older persons not wanting to be stigmatized for receiving treatment at such programs. Secondly, interventions which "emphasize sociopsychological approaches related to the stress of aging" (p. 359) are more appropriate for this population.

Blake (1990) referred to previous work done by Knott (1986), Lex (1985), NIAAA (1986), and Zimberg (1978). These authors wrote of the impact of "social therapies" for older persons. Social therapy consists of reestablishing social networks. This can be accomplished through the utilization of Alcoholics Anonymous, family members, self-help groups, and peer groups. The groups employed do not need to be only focused on drinking problems and aging.

Assertiveness Training

Wheeler (1980) identified three benefits of assertive training for elderly persons. First, this sort of training is skills training. This implies that the individual does not have to change their personality but needs to learn a new way of reacting to situations. The prospect of learning a new skill, rather than believing one is personally deficient, is easier to cope with for the older person. Secondly, assertiveness training is practical, addressing coping strategies for daily interactions and situations that occur. Finally, assertive training groups can be fun and nonthreatening. While they do involve some mild confrontation, participants do experience enjoyment in activities such as role-playing.

Through the utilization of "education, support, socialization, and skills training. . . [these assertiveness groups] are conducive to feelings of pride, accomplishment, and growth" (p. 17). Wheeler also indicated that through employment of such techniques, the older person can learn to "accept aging without accepting 'ageism'. . .[and] can help rid themselves of their own inner restrictive assumptions about aging" (p. 17).

In addition to dealing with their own assumptions, group members learn to counter put-downs that are encountered. Wheeler (1980) suggested that put-downs be expressed in the group setting and then have assertive reactions role-played. The expected goal of assertiveness groups is that skills which are learned within the group can eventually be generalized and employed in outside situations.

Priddy, Teitelman, Kivlighan, and Fuhrmann (1982) addressed older individuals regaining control over their environment. This article included references to Abramson, Seligman, and Teasdale (1978). These researchers suggested that by altering the older individuals' perceptions of uncontrollability to controllability, feelings of helplessness can be reduced. They also indicated that assertiveness and problem solving training would increase beliefs in one's control.

Priddy et al. (1982) expressed the suggestion that counselors can effectively enhance the older client's perception of control. This can be accomplished by emphasizing the client's impact on the therapeutic interaction and process. The authors stated that by "disproving helplessness within the therapeutic setting that clients become able to reassert control in other areas of their lives" (pp. 516-517).

Franzke (1987) reported the results of a study focused on assertiveness training with older adults. The findings indicated that standard assertiveness courses are effective with older persons. However, the amount of success can be hindered by factors such as minority and low socio-economic statuses. Thus, Franzke suggested that revising programs and devoting long periods of time for the training may have increased impact on the "lifelong consequences" (p. 16) of minority status and low socio-economic status on the elderly person's self-esteem.

Peer Counseling

Bratter and Tuvman (1980) discussed the benefits of peer counseling in their text. They also cited findings by Huruitz (1970).

Huruitz stated that clients benefit from interacting with peer counselors. In addition, the peer counselor experiences "increased self-awareness, self-esteem, and feelings of accomplishment" (p. 131).

Bratter and Tuvman (1980) detailed establishing a peer counseling program. Initially, potential peer counselors were recruited through "word of mouth" and through media advertisements. The respondents were screened by telephone conversations, written applications, and personal interviews.

The peer counseling program had five goals. First, training would "enhance personal qualities essential in good counselors" (p. 134). Secondly, the program would enhance the peer counselor's self-awareness. The training provided would teach active-listening skills and problem-solving. Trainees would be educated about facts related to aging that are necessary to know when counseling older individuals. Finally, the training program would familiarize the peer counselors with community resources that could benefit their counseling interactions.

The program was introduced to the community by the media and six rap groups were established. Referrals were accepted from community agencies that work with older persons. Individuals who utilized the peer counseling service were usually depressed, lonely, and anxious. Counseling sessions were held at a health clinic, in the community, and in individuals' homes.

The results of implementing this peer counseling program were positive for both the helpee and the helper. The authors indicated that 90% of clients perceived the peer counselors as being "very

helpful" (p. 145). In addition, Bratter and Tuvman (1980) reported that the peer counselors experienced "improved self-esteem, self-confidence, and life satisfaction" (p. 145) as a result of their efforts.

Byrd (1984) also addressed peer counselor training in his article. Both clients and peer counselors benefit from peer counseling programs. Peers are considered well suited to counselor other older individuals for several reasons. First, peer counselors have often experienced the same situations which the client is experiencing. Secondly, they may serve as a "source of information about possible alternative solutions to these problems, again gained from having experienced many of the same difficulties" (p. 370).

Byrd identified several benefits that were experienced by the peer counselor. Through peer counseling training, the trainees developed an altered perspective about themselves. By the end of the training program, the peer counselors were more self-assure and confident in their ability to cope with situations. Also, they expressed a higher preference for self-reliance when dealing with problems.

Edinberg (1985) summarized findings regarding the selection of peer counselors, training, and the focus of service. Schwartz (1980) is cited as noting that very often, who becomes involved with a training program is limited by who volunteers. Also, when faced with volunteers it is often difficult to determine who will adequately exhibit active listening, detachment from one's own problems, and empathy.

Training peer counselors is then discussed by Edinberg (1985). He wrote that some volunteers will incorrectly believe that their role is to provide advise and they may not know how to express empathy. Thus, it is crucial that training is followed up with "a test period and supervisory sessions" (p. 274).

Edinberg (1985) cited Schwartz (1980) for his findings regarding training of peer counselors. Schwartz suggested that training should be composed of task-oriented goals, rather than theoretical ones. He also indicated seven steps which could comprise an effective training program. Trainers should focus on "(1) presenting counseling goals, (2) presenting facts on aging, (3) teaching counselors how to appreciate feelings, (4) teaching them how to understand content, (5) developing counseling responses through audio- and video-taped mock interviews, (6) using experiential exercises, and (7) providing follow-up and supervision" (p. 274).

The focus of service is addressed as a questionable area by Edinberg (1985). Although peer counselors do not have extensive, long-term training, many can be very effective at dealing with "long-term problems or dramatic crisis" (p. 274). Some professionals, such as Rioch (1966), have discovered that paraprofessionals can be equally as effective as "professionals" in certain situations. Edinberg stated as examples that clients who are disoriented, are experiencing visible physical deterioration, suicidal ideations, or signs of alcoholism should be receiving professional assistance in conjunction with peer counseling. Furthermore,

Edinberg suggested that the agency that is supervising the peer counselors should have a variety of "backup" professionals, to which clients can be referred.

Chapter Summary

Chapter Two of this paper is comprised of an introduction of the available literature regarding stereotypes of older persons. Initially, the common stereotypes of older persons and how they are transmitted and perpetuated by various forms of mass media were introduced. The influence of these stereotypes on the self-esteem of older individuals and what adverse effects may occur were noted. Finally, some proposed counseling interventions, which may be utilized to counteract diminished self-esteem of older persons, were indicated. The information that has been presented in this chapter is evaluated and interpreted in Chapter Three.

CHAPTER THREE

Analysis of the Literature

Chapter One of this study is composed of an introduction to the dilemma of elderly stereotypes and their potential influence on the American society. Chapter Two included a presentation of literature which addressed the issue of stereotyping of older persons. Having an overview of this topic now makes possible the evaluation of the reviewed literature.

Common Stereotypes and Myths of Older Persons

The four sources which relate to this topic are all from the five year time span of 1984 to 1989. Each author took a different approach yet presents similar information. Edinberg (1985) and Ferrini and Ferrini (1989) briefly introduced stereotypes as part of a more extensive text regarding aging. Fielding (1984) and Arluke and Levine (1984) wrote articles which focused primarily on myths of aging. In addition, these authors also noted implications of the myths of aging. Fielding devoted a section of her article to suggestions for "changing the cultural scripting of aging" (p. 15). Edinberg, Ferrini and Ferrini, and Arluke and Levine all present the societal stereotypes and then counter them with statistics garnered from prior research. Despite these contradictory statistics and suggestions for altering views of elders, these authors clearly indicated that negative images of older persons do predominate in the American society.

There were many stereotypes considered to be typically attributed to older individuals. Ferrini and Ferrini (1989) and Fielding (1984) reported the stereotype of old age as a time of

peace. The myth that old age is a period of sickness was expressed by these two authors. Senility is a common steroetype of older persons (Fielding, 1984; Edinberg, 1985; and Ferrini & Ferrini, 1989). Cognitive decline is another myth noted in the available literature (Fielding, 1984). The belief that older individuals are asexual was noted by Fielding (1984), Edinberg (1985), and Ferrini and Ferrini (1989). Older individuals are believed to be unproductive (Fielding, 1984; Edinberg, 1985). Arluke and Levine (1984) devoted their article expressly to the examination of the stereotype of the "second childhood". Although, the above list of stereotypes is not inclusive of those found in the literature, it does highlight the predominate myths.

Media Portrayals of Elderly Persons

A plethora of information exists regarding the depictions of older persons in a variety of media forms. Seven articles were chosen as representatives for this topic. The reviewed articles indicated that elderly images are reported to range from comical (Davis,1984) to wise (Sohngen & Smith ,1978) to overly active (Harris & Feinberg,1977) the prevailing portrayal is unfavorable.

One media form examined was humor. Richman's (1977) and Davies's (1977) articles described studies in which jokes regarding aging were analyzed. These two authors concluded that the majority of aging jokes were unfavorable and hostile towards older persons. Davies noted that jokes addressing older men's sexual prowess were one area of aging viewed positively. Older women, however, were

often depicted as the "old maid". Despite these two gender differences, all aspects of aging—cognitive, physical, social,etc—were portrayed negatively.

Poetry was explored by Shongen and Smith (1978). They reported that poems related from both an internal and external frame of reference were unfavorable. The 127 reviewed poems were imbued with stereotypical images of aging. These images were described in a manner to conjure the desired image of the pathetic and wasted older person. Thus, the poems conveyed a despairing view of aging, which no doubt was impressed upon the reader.

The portrayal of older persons in children's literature was discussed by Fillmer (1984) and his reference to Stoney (1970). Stoney's study of children's literature resulted in three findings. First, older characters were depicted as engaging in inactive pastimes, such as storytelling and fishing. Secondly, the adjectives describing the aging characters invoked negative images. Finally, Stoney discovered that older persons were portrayed as being bent-over or similarly disfigured.

Television portrayals were a primary focus for several of the authors. This occurrence resulted due to the predominance and great influence which television has in the American society. The authors' reports indicated several similar findings.

Older persons are underrepresented in television shows. This is especially true in children's programming (Kubey, 1980; Davis, 1984) which rarely includes elderly characters. Fillmer (1984) reported that of 2,741 characters, less that 5% were above the age of 65. In a society where the older population is the fastest growing

population (Ferrini & Ferrini, 1989), the absence of elderly characters on television is noticeable. Another ironic finding is that among older characters, males are shown 90% of the time. In actuality, older women greatly outnumber aged men.

Davis (1984) and Kubey (1980) indicated that older persons are often portrayed in scripted shows as being exceptionally active and engaging in tasks such as "performing modern dances with great abandon, or referring to their prolific sex life" (Kubey, 1980). It is believed that viewers regard such depictions as a form of humor and actually serves to reinforce negative stereotypes.

News and talk shows were noted for aged participants that are portrayed more positively (Harris & Feinberg, 1977 as cited in Kubey, 1980; Davis, 1984). This phenomena was explainable by the employment of older anchormen as well as the usage of politicians and experts as guests. Harris and Feinberg (1977) observed that women in their 60's and 70's are regarded with heightened authority on such shows.

Overall, portrayals of older persons on television are typically negative. Several of the articles reported that elderly characters in advertisements are exceptionally unfavorable. They are usually depicted as selling age-retarding and health products such as denture adhesives (Hiemstra et al., 1983; Davis, 1984; Fillmer, 1984). They are also shown as advise givers in advertisements (Davis, 1984).

Influence of Stereotypes on Self-Perceptions by Older Individuals

Whether or not the stereotypes which are heavily imbued in the American society affect older individuals' perceptions of

themselves is an area of contention. The majority of the examined sources indicated that societal stereotypes do adversely influence older persons' self-esteems and self-perceptions. These effects can result in the individual conforming to the expressed stereotypes. This renders the individual unable to effectively engage in problem solving, taking control and responsibility in one's life (Edinberg, 1985).

On the other hand, a few articles suggested that many older persons are not adversely affected by stereotypes. Atchley (1982) stated that some individuals have always had an adequate but vulnerable self-esteem. Thus, individuals who, over their life-time, have enjoyed a healthy self-esteem will be less likely to attribute unfavorable stereotypes to themselves. Atchley cited George and Bearon (1980) who indicated that most individuals have effective coping mechanisms. These coping mechanisms prevent any damage to self-esteem, due to aging.

Atchley (1982) stated that what images are expressed by society is not important; what is important is what the aging individual does with that information. Based on this statement, it is plausible to deduce that both of the presented viewpoints are accurate. Thus, stereotypes do affect individuals with more vulnerable self-esteems but not those that have adaptive coping mechanisms and strong self-esteems.

Possible Adverse Consequences Related to Decreased Self-Esteem

Several of the presented sources indicated that diminished self-esteem may result in the older individual feeling depressed. Weiner

and White (1982) stated that this is especially true for individual who are not adequately prepared to deal with the stresses of aging. Stenback (1980) noted that the American society's emphasis on youth further fosters feelings of inadequacy and depression in older individuals. Stenback also stated that unless the depression is adverted it may eventually result in suicidal ideations and behaviors for some persons.

Alcoholism may be another consequence of lowered self-esteem and depression (Stenback, 1980; Kelly & Remley, 1990). Kelly and Remley (1990) indicated that individuals often utilize alcohol to reduce their emotional pain and hide their unhappiness. Alcohol may cause the individual to feel more bold. At the same time, the older person may experience the certainty that they are unable to cope without the assistance of alcohol.

Older individuals who suffer a reduction in self-esteem may also feel a loss of control over their lives. This may result in the development of passivity (Wheeler, 1980; Priddy et al., 1982; Leszcz, 1990). These aged persons will fail to act assertively and may withhold resentments, until they are inappropriately displayed at a later time (Wheeler, 1980; Priddy et al., 1982). Reid et al. (1977) reported that a loss of control makes adjustment difficult for older individuals. They also noted that this finding was more pronounced for males than for females.

Counseling Interventions to Counteract Adverse Consequences Related to Decreased Self-Esteem

Depression and Suicide

A variety of therapies to combat depression in older persons were suggested in the literature. Stenback (1980) suggested that brief therapy be utilized. Barsk and Hupp (1983) detailed the usage of tricyclic antidepressants. These medications have proven to be effective but need to be used with caution and close monitoring for adverse reactions. Stenback (1980) also recommended the employment of cognitive interventions to identify the beliefs which are reinforcing the individual's depression.

Primarily, group therapy was indicated as a beneficial technique for depression. The cognitive and behavior approaches were emphasized by the reviewed authors. Groups were considered to be effective because they provide a sense of belonging for the members. They are a place to practice social skills and interact with peers. Groups are a place in which current issues can be discussed and advice can be given. Groups serve as a forum to challenge negative stereotypes and practice solving skills. For these, and many other, reasons groups for depression are considered to be very rewarding for individuals. The reported studies indicated that participation in therapeutic groups was successful in reducing depression levels.

Stenback (1980) indicated that treating individuals for suicidal ideations is essentially the same as dealing with depression. However, the counselor is obligated to probe further and discern the individual's plans and discuss the consequences of such an act. He

further indicated that mental health professionals in a variety of sites, other than suicide prevention centers, should be able to deal with this issue.

Alcoholism

Although there are a variety of ways in which alcoholism may be treated, the literature seemed to indicate that group therapy is an effective form of treatment. Groups that are offered in places, other than alcohol treatment site, are considered to be more effective (Williams, 1984 as cited in Kelly & Remley, 1987; Zimberg, 1978 as cited in Blake, 1990). This fact is due to the finding that older persons do not want to receive the stigma of alcohol treatment programs.

Groups for older alcoholics are beneficial for providing support and an opportunity to socialize (Ruyle, 1987; Blake, 1990). These groups can be effective reducing individuals' loneliness and increasing their self-esteems, which may have originally resulted in the alcohol abuse. Alcoholics Anonymous is also recommended as a useful adjunct to therapy.

Assertiveness Training

Assertiveness training has become an influential form of therapy for older individuals. Persons who have accepted the societal stereotypes and have become passive, need to learn to assert themselves. The authors presented addressing assertive training state that such training empowers the individual, without causing them to feel that they are deficient. Rather, they need to learn a new skill to better cope with stresses in their lives (Wheeler, 1980). These groups include education, role-playing,

problem-solving skills. Also, assertiveness groups provide an environment in which to learn to counter put-down. It is believed that by teaching the older individual assertiveness skills, they can increase their sense of control and their self-esteem (Priddy et al., 1982).

Peer Counseling

Older individuals counseling peers has proven to be beneficial for the older client. It is believed that peers helping one another is especially effective due a similarity of experiences may provide unique and pertinent insights by the peer counselor (Byrd, 1984). Counseling interactions, as well as training to be a peer counselor, also have a positive influence on the peer counselor. Huruitz (1970) is cited in Bratter and Tuvman (1980) as indicating that peer counselors experience heightened self-esteem and feelings of accomplishment. Bratter and Tuvman (1980) also noted similar findings. Thus, there appears to be consensus among professionals that peer counseling can be an effective treatment modality for both the helper and helpee.

Chapter Summary

Chapter Three has been composed of a review of the information presented in Chapter Two. General trends suggested by the literature are noted and summarized. Based on the information from these two chapters, overall conclusions are presented in Chapter Four. In addition, recommendations for mental health professionals who may benefit from this study are included.

CHAPTER FOUR

Summary, Conclusions, and Recommendations

The purpose of this study has been to explore societal attitudes about older individuals and the influence of these attitudes on the self-esteem of the older person. An investigation of this topic is beneficial to determine the effect of societal stereotypes on aging individuals' self-esteem. An examination of any potential adverse effects of stereotypes can better enable therapists to assist older individuals in adjusting to his advancing age.

Five questions were explored that relate to stereotyping of elderly persons. The first area of study was to identify common stereotypes and myths about older adults. The second issue addressed how the media depicts aged persons. The influence of stereotypical images on the older persons' self-perception is another topic which was examined. The fourth subject studied was what adverse effects may arise due to lowered self-esteem. Finally, counseling interventions which can be utilized to help counteract the adverse effects of stereotyping were addressed.

Summary

Common Stereotypes of Older Persons

The reviewed literature identified a plethora of unfavorable images in regards to older persons. Although a few images were positive, the findings were overwhelmingly negative. A comparison of the authors that were utilized indicated a consensus that the majority of stereotypes of older individuals are negative.

Media Portrayals of Older Persons

This paper has reviewed literature concerning several types of media. Included in the examination were jokes, literature, poetry, and television. Of the articles surveyed, the depiction of older characters is mostly unfavorable. Some of the authors referred to the presence of "reverse stereotypes". Reverse stereotypes occur when older characters are depicted in a manner opposite of what is expected—such as extremely active. It is believed that the consumers of such images recognize the incongruency of the image, which further strengthens the negative stereotype. In general, older persons are underrepresented in the media and are portrayed as comical, sickly, and also inactive.

Influence of Stereotypes on Self-Perceptions of Older Individuals

The authors regarding this issue were divided. Some of the literature that was reviewed implied that, for the most part, older individuals do not experience a decrease in self-esteem due to aging. Other authors wrote that older individuals are adversely affected by stereotypical images, resulting in a adaptation of behaviors to match the expressed stereotypes. It was indicated in a few articles that some older persons do suffer from dimished self-esteem due to vulnerabilities in their self-esteem, as well as inadequate coping mechanisms. This last suggestion seems to be the most plausible conclusion that can be drawn from the literature.

Possible Adverse Consequences Related to Decreased Self-Esteem

Some of the identifiable adverse consequences that may occur due to a diminshed self-esteem are addressed in the literature. One thing which may is result is depression, which may also lead to

suicidal behavior. Alcoholism may occur due to a lowered self-esteem. Also, a sense of helplessness, loss of control, and passivity may be experienced by individuals who are affected by stereotypes.

Counseling Interventions to Counteract Adverse Consequences Related to Decreased Self-Esteem

Depression and Suicide. The recommended treatment modality for depression was cognitive-behavioral group therapy. Groups provide a sense of belonging, a place to obtain validation by peers, and an environment in which to obtain advice fro individuals who have had similar experiences. Tricyclic antidepressants are beneficial in reducing elderly depression but need to be used in lower dosages. Individuals taking such medications may experience adverse side-effects and should be closely monitored, in the event that the treatment needs to be altered.

Alcoholism. Alcohol is used by many individuals as a method of reducing emotional pain and coping with the stresses of aging. Group therapy, at a site other than an alcoholism treatment center, is highly recommended for older persons. Groups can provide socialization for the older adult, which may have initially fostered the drinking. These groups can also help to increase the individual's self-esteem, while reducing the need to rely on alcohol.

Assertiveness Training. Assertiveness training groups are beneficial in teaching older persons to reassert control over their lives. These groups provide a safe environment in which to learn to react to situations with more assertive behaviors. It is a place to learn to counter put-downs and as a result, increase their self-efficacy and self-esteem.

Peer Counseling. Peer counseling is a therapeutic intervention, which has proved beneficial for both the client and the peer counselor. The client is often more comfortable with a trained peer who has often encountered similar situations. The feeling of understanding that develops, due to relating to a peer can render the client more receptive to help. The literature indicated that the peer counselor experiences an increase in self-esteem, as well as self-awareness. This occurs as a result of the counselor training which they receive. In addition, the peer counselor's feelings of pride and accomplishment that are experienced when interacting with other individuals in a counseling interaction serve to foster increase self-esteem.

Conclusions

Five general conclusions may be drawn from the available literature. The American society's attitude toward older persons is unfavorable. The various forms of mass media serve to transmit and perpetuate the negative images of older persons. Not all older persons allow stereotypes to adversely influence them, however some individuals are more vulnerable and do experience decreased self-esteem. These older persons that develop a lowered self-esteem are at risk for developing depression, alcoholism, loss of control and a sense of helplessness. Persons who display the above adverse effects of stereotypes may be helped with counseling interventions. In particular, group therapy is a highly recommended intervention to be utilized with older persons.

Recommendations

Based on these conclusions and the fact that the 65+ population is rapidly growing, several recommendations for mental health professionals are suggested. Counselors should become increasingly aware of aging stereotypes, which may be pertinent to older clients. The practitioner should engage in self-introspection and determine how the prevailing images of older persons has affected his/her view of this population. Having assessed what beliefs have been internalized, the mental health professional should identify if or how such attitudes are overtly and covertly expressed, when they interact with an older client.

Having sensitized themselves to situations in which they display ageist attitudes, the counselor should strive to alter their attitudes and behaviors so they are non-ageist. Ethically, if the mental health professional is unable to change their reactions to older persons, perhaps they should refrain from working with the older population. Otherwise, the older client may be inhibited from benefiting from the therapeutic interaction, due to the couselor's prejudices.

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